

A systematic approach to PET/CT interpretation and reporting in oncology

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Journal of Nuclear Medicine May 2009, 50 (supplement 2) 1089

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Abstract

1089

Learning Objectives A structured interpretation of PET/CT scans is likely to decrease error rates. We present one approach for the systematic interpretation and reporting of PET/CT scans in general oncology.

Summary: **QUALITY CONTROL:** Protocols are up-to-date and known to the entire staff. Deviations are flagged for physician attention. Images are reviewed to ensure all fields of view are imaged, artifacts accounted for, anatomic fusion is adequate, additional images ordered as needed, and referring clinicians notified of urgent findings. **INTERPRETATION:** Review scout for metallic artifacts, MIP for an overview, then coronal views. Correlate axial PET views with CT. View sagittal images focusing on the spine. Review bone & lung windows on CT. **REPORTING:** State injected dose & uptake time. Categorize findings by anatomic location. Intensity of tracer uptake, location, size, and CT appearance are reported for each lesion. For innumerable lesions, representative lesions based on ability to track over time are reported. For follow up scans, changes in size, degree of FDG uptake, and new lesions, if any, identified. Relevant interval anatomic imaging is reviewed, particularly pulmonary findings. Report standardized uptake values (SUV) corrected for lean body mass. **IMPRESSION:** Answer the referring clinician's question. State whether lesions are malignant, benign, or when equivocal give best impression as to which is more likely. When evaluating response to therapy, categorize as complete or partial response, stable disease, or progression. Provide SUV parameters if relevant for hottest lesion and reference tissue. List differential diagnoses in descending order of probability. Further imaging recommendations specify the precise imaging exam.

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